

Thursday

☐ YES ☐ NO

Collaborator if any

Artist

GERALD

FIRST NAME

NICHOLS

LAST NAME

Address

1581 E. 101ST

CLEVEL

6

СЛУШАЮЩА

COUNTY

Tel.

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

1 mashtute of
Art

DO NOT WRITE IN
THESE COLUMNS

all

Use second blank if required

REC'D MAR 11 1968

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Gerard A. Nichols
SIGNATURE